

**COLORADO**Department of Health Care
Policy & FinancingDepartment of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

AGENCY LETTER

AGENCY LETTER NUMBER: HCPF 16-001**SUPERCEDES NUMBER: HCPF 06-034****DATE: FEBRUARY 11, 2016****DIVISION OR OFFICE: BENEFITS COORDINATION SECTION, LEGAL DIVISION****SUBJECT AREA: CONSIDERATION OF TRUSTS IN DETERMINING MEDICAL ASSISTANCE ELIGIBILITY****SUBJECT: DECLARATION OF INCOME TRUST INCLUDING INSTRUCTIONS, RESPONSIBILITIES, AND CLOSURE PROCEDURE****TYPE: P - PROCEDURE****APPROVED BY: ROBERT C. DOUGLAS, JR., LEGAL DIRECTOR**

HCPF Agency Letters can be accessed online:
<https://www.colorado.gov/pacific/hcpf/agency-letters>

Purpose:

The purpose of this agency letter is to notify County eligibility sites of a new Declaration of Income Trust form. Additionally, the revised income trust packet offers clearer guidance on completing the new form, more detail on trustee responsibilities, and instructions for closing the trust when no longer needed for Medicaid eligibility. We have attached a revised Declaration of Income Trust which should be utilized by the County eligibility sites or any other eligibility site when submitting an income trust for review by the Department.

Background:

If a Medicaid applicant or recipient has gross monthly income above 300% of the Supplemental Security Income level, he or she needs to establish an income trust to meet income eligibility requirements for long-term care nursing facility or home and community based services (HCBS), including PACE (Program of All-inclusive Care for the Elderly). See 10 C.C.R. 2505-10, Section 8.100.7.E.6.a. The Department last updated the Declaration of Income Trust in May 2006. See HCPF 06-034.

Procedure or Information:

County eligibility sites or any other eligibility site should distribute this new Declaration of Income Trust to applicants or recipients who are applying for long-term care nursing facility or HCBS services, including PACE. This Declaration of Income Trust form is intended to make the process for establishing, maintaining and closing an income trust easier. Following completion by the applicant or their agent, the income trust should be submitted to the Department by the eligibility site via email to: Medicaid.Trusts@hcpf.state.co.us.

If the documents contain patient health information protected by Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the County eligibility site forwarding the documents for consideration are encouraged to encrypt any such emails. If encrypted email service is not available to the county agency, trust documents may be submitted to the Department for review as follows:

Via fax to: (303) 866-3552

Via mail to: Colorado Department of Health Care Policy and Financing
Attn: Trust Unit
1570 Grant Street
Denver, CO 80203-1818

Effective Date:

Immediately.

Contact:

David L. Smith
Manager, Benefits Coordination Section
Phone: (303) 866-3247
Fax: (303) 866-3552

Max Sprouse
Program Assistant, Benefits Coordination Section
Phone: (303) 866-5084
Fax: (303) 866-3552

Attachments:

Declaration of Income Trust Form
Instructions for Completing the Income Trust Form
Notice of Income Trust Closure
Income Trust Ledger